

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

APPLICATION FOR
RESERVATION OF NAME

Pursuant to 31 MRSA §804-A.1, the undersigned applicant executes and delivers the following Application for Reservation of Name:

☐ Check box **only** if this name is being reserved for use as an assumed name.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(§803-A.1 - Name to be reserved must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" unless this name is being reserved for use only as an assumed name.)

Name of applicant _____

Address of applicant _____

APPLICANT

DATED _____

(signature of any duly authorized person)

(type or print name and capacity)

- Names are reserved for a period of 120 days and **may not be renewed**.
- The Secretary of State will **not** act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name **is not recommended** until the purpose for which the name is reserved is completed.

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

TEL. (207) 624-7740